

- 10/723,531

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|---------------|----------------------------------|------------------|------|
| Appl. No.: | 10/732,531 10/723,531 | Confirmation No. | 8662 |
| Applicant(s): | Hubert Jansen, et al. | | |
| Title | Resealable Medical Transfer Set | | |
| Filed: | November 26, 2003 | | |
| TC/A.U.: | 3727 | | |
| Examiner: | Niki Marina Eloshway | | |
| Docket No.: | P-4140/1P3C1 | | |
| Customer No.: | 26253 | | |

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

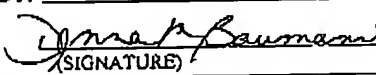
RESPONSE TO DECEMBER 14, 2004 OFFICE ACTION

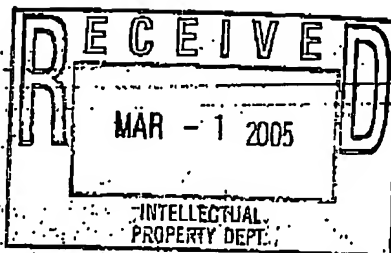
Sir:

In response to an Office Action mailed on December 14, 2004 (the "Office Action"), please amend the above-identified application as set forth herein.

Amendments to the Claims are reflected in the listing of claims, which begin on page 2 of this paper.

Remarks begin on page 6 of this paper.

| | |
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| I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER OF PATENTS, P.O. BOX 1450, ARLINGTON, VA 22313-1450 | |
| ON: | February 17, 2005 |
| BY: | Donna Baumann |
|  (SIGNATURE) | 2-17-05 (DATE) |



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1. Response to OA of 12-14-04 (final)
2.
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Docket No.: P-4140/1P3C1 Serial No.: 10 / 723,531
Filing Date: 11-26-03 Date Mailed: 2-17-05
Applicant(s) H. Jansen et al Atty: DMF
Title: RESEALABLE MEDICAL TRANSFER SET
Fee: 0 Charged to Deposit Account 02-1666

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Attention: Examiner N.M. Eloshway
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 From: David M. Fortunato, Reg. No.42,548
 Date: April 7, 2005
 Number of Pages (including this cover): 10
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| | | | |
|------------------|---------------------------------|-------------------|---------------|
| Applicant(s): | H. Jansen | Atty. Docket No.: | P-4140/1P3C1 |
| Serial No.: | 10/723,531 | Group Art Unit: | 3727 |
| Filed: | November 26,2003 | Examiner: | N.M. Eloshway |
| Customer Number: | 26253 | | |
| For: | RESEALABLE MEDICAL TRANSFER SET | | |

Attached please find the response originally mailed to the USPTO on February 17, 2005, in response to the Final Office Action of December 14, 2004.


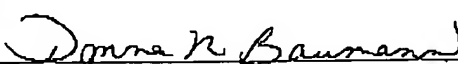
David M. Fortunato
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| | | | | | | |
|---|---|----------------------------------|--|-------------------------------|-----------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | | Docket No. P-4140/IP3C1 | |
| Applicant(s): Hubert Jansen et al. | | | | | | |
| Application No. 10/732,531 10/723,531 | Filing Date November 26, 2003 | Examiner N.M. Eloshway | Customer No. 26253 | Group Art Unit 3727 | Confirmation No. 8662 | |
| Invention: RESEALABLE MEDICAL TRANSFER SET | | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 8 - | 23 = | 0 x | \$18.00 | \$0.00 | |
| INDEP. CLAIMS | 1 - | 3 = | 0 x | \$88.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1666 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
|  _____ Signature | | | Dated: February 17, 2005 | | | |
| David M. Fortunato Attorney for Applicants Reg. No. 42,548 Becton, Dickinson and Company 1 Becton Drive - MC 110 Franklin Lakes, New Jersey 07417 201-847-6940 | | | <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on Feb 17, 2005 (Date)  _____ Signature of Person Mailing Correspondence Donna M. Baumann _____ Typed or Printed Name of Person Mailing Correspondence </div> | | | |
| cc: | | | | | | |

P11LARGE/REV03